

Borough of Hartlepool.



SECOND

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1913,

WITH A

REPORT

ON THE

Medical Inspection of School Children

FOR 1913

By J. DICKINSON LEIGH, M.D., F.R.C.S.E., D.P.H.

HARTLEPOOL:

B. T. ORD, PRINTER, LITHOGRAPHER, &C., MIDDLEGATE.

1914.

CHIEF VITAL STATISTICS FOR 1913.

Estimated Population	...	...	21,152		
Area of Borough	...	...	972½	acres	
Birth-rate	...	...	30.9	per 1000 population	
Death-rate	...	...	18.5	"	"
Zymotic Death-rate	...	...	2.6	"	"
Infant Mortality Rate per 1000 Births	...	...	145		
Scarlet Fever Death-rate	...	...	Nil		
Diphtheria and Croup	...	...	0.04	per 1000 population	
Fever (Enteric and continued)	...	...	Nil		
Measles	...	...	1.3	"	"
Whooping Cough	...	...	0.42	"	"
Phthisis	...	...	0.6	"	"
Other Tubercular Diseases	...	...	0.6	"	"
Acute Respiratory Diseases	...	...	3.3	"	"

LEGAL SUMMARY.

LOCAL ACTS.

Borough Extension Act, 1873.

Further ,, ,, ,, 1897.

GENERAL ACTS.

Public Health Act, 1885.

Dairies, Cowsheds and Milk-shops Order, 1885.

Infectious Diseases Notification Act, 1889.

Public Health (Tuberculosis) Regulations, 1911-12.

Rag and Flock Act, 1911.

Milk and Cream Regulations, 1912.

ADOPTED ACTS.

Public Libraries Act	...	...	...	Adopted 1891.
Public Health Acts, Amendment Act, 1907	...	...	...	,, 1908.
Notification of Births Act	...	...	...	,, 1912.

HEALTH DEPARTMENT,
BOROUGH BUILDINGS,
HARTLEPOOL.

TO THE TOWN COUNCIL of the BOROUGH OF HARTLEPOOL.

GENTLEMEN,

I have the honour to submit my **Second Annual Report** on the Health of the Borough, for the year 1913, and would express my thanks for the courtesy and willing help afforded me by my colleagues.

I am Gentlemen,

Your obedient Servant,

J. DICKINSON LEIGH.

Borough of Hartlepool.

SANITARY COMMITTEE.

Chairman : COUNCILLOR GIBB, M.B.

Vice-Chairman : COUNCILLOR BRICKMAN.

ALDERMAN HARRISON.

ALDERMAN TATE.

COUNCILLOR ATKINSON

„ BARNFATHER

„ CHARLTON

„ EVERTON

„ FIRBY

„ J. B. GRAHAM

„ HUBBICK

COUNCILLOR NIELSEN

„ PURVES

„ SCOTT

„ WATSON

„ C. TOSHACH
WATSON

„ WILLIAMSON

*Medical Officer of Health and Medical Officer to the
Education Authority :*

J. DICKINSON LEIGH, M.D. (Edin. & Durham),
M.B.M.S., F.R.C.S., (Edin.), D.P.H. (Edin.)

Sanitary Inspector and Inspector under the Food and Drugs Act :

JOSEPH CHARLTON, A.R.S.I., R.C.P.

School Nurse and Health Visitor and Assistant Sanitary Inspector :

ALICE HAYDEN, C.R.S.I., Trained Nurse.

*Report on the Public Health
of the Borough of Hartlepool,*

BY

J. DICKINSON LEIGH, M.D., F.R.C.S., D.P.H.

POPULATION.

The census of 1911, gave the population of the Borough as 20,356. The area of the Borough as 972½ acres, and comprises three Parishes, viz. :—Hartlepool, Throston and Middleton. The Borough is divided into four Wards, South, North, Throston and Middleton Wards. The estimated population to the middle of 1913, is 21,152 persons.

Estimated population of the South Ward, is				5,348
„	„	„	North „ „	6,310
„	„	„	Throston „ „	8,330
„	„	„	Middleton „ „	914
				20,902
Add Hartlepool Inhabitants in the Union Workhouse				250
				21,152

The estimated number of inhabited houses is 4240, giving an average of 4·9 persons per house. The density of persons per acre is 21·4.

	Average.	Estimated Population.	Density of Population.	Birth-rate per 1000.	Death-rate per 1000.
South Ward ...	107	5,348	49·9	32·3	15·7
North Ward ...	127	6,310	49·7	28·5	22·0
Throston Ward ...	642½	8,330	12·9	31·6	17·4
Middleton Ward ...	96	914	9·5	31·7	28·4

THE GENERAL SANITARY CIRCUMSTANCES OF THE TOWN.

Water Supply.

The water supply is abundant, and is provided by the Hartlepool Gas and Water Co., and amounts to 42 gallons per head per diem, of which 26 are for domestic, and 16 for trade purposes. The water contains a large amount of Lime, Magnesium and Sodium Chlorides, so that it has a high degree of both temporary and permanent hardness, due to its derivation from a great depth in the Limestone strata to the west of the Town.

For washing purposes, the inhabitants depend largely on stored rain water. The inconvenience of the hard water supply is no modern experience, for in the time of Queen Elizabeth, who granted one of the several charters of incorporation held by the Town, we find the inhabitants availed themselves of the rain water caught on the Church roof. One spout being specially reserved for the use of the Mayor for the time being.

Two Samples have been taken during the year, and sub-joined is an Analysis of the Water by the Borough Analyst, which shows the practically complete absence of the of Nitrogenous constituents which are the indicators of Sewerage Pollution.

14th October, 1913

Total Solids	...	...	48.61	grains per gallon.
Chlorine	...	...	7.42	" "
Saline Ammonia	...	...	Nil	" "
Albuminoid	" "	"	.003	" "
Oxygen required to Oxidise all				
Organic Matter	...	...	.0336	" "
Hardness before Boiling	...	...	32.5	degrees of Clarke's Scale.
,, after	,,	...	30.0	" "

This water is very bright, colorless, odourless and free from sediment. The amount of Chlorine can be attributed to the neighbourhood of Saline Springs and infiltration of Sea Water. The freedom of this water from all organic impurity causes it to be very suitable for household purposes and it is a safe and Healthy Town supply.

Closet Accommodation.

The Town is fortunate in having, with the exception of one out-lying Farm, neither Privies nor Pan Closets. Some years ago the water carriage system was adopted, and to this fact, coupled with the excellent water supply I attribute the almost complete absence of Enteric Fever. During the year one case was reported, but I am satisfied the infection was contracted outside the Town.

Housing.

The Housing (Inspection of District) Regulations, 1910, require the Local Authority "to cause to be prepared from time to time by the Medical Officer of Health or by an Officer designated by them, but acting under his direction and supervision, a list or lists of dwelling-houses, the early inspection of which is in the opinion of the M.O.H. desirable" among the points to which attention is to be paid are closet accommodation, drainage, condition of houses as regards light, dampness, cleanliness, condition of yards and out-buildings and any other defects which render the dwelling-house dangerous or injurious to the health of an inhabitant.

The Sanitary Inspector (Mr. Charlton) was appointed to act from April, 1913.

Hartlepool like most old towns, has its share of undesirable and dilapidated property which "has served its day and generation," and should now be replaced by modern dwellings. Situated as it is on a peninsula, the neck joining it with the neighbouring Borough, is occupied by a large Timber Yard belonging to the N.E.R. and its only chance of growing, is by replacing the tumbled down insanitary property--much of which is already closed--by houses which will attract a desirable class of residents.

The sudden influx of a large population in the early forties of last century, caused by the construction of the Docks and Railway, necessitated the immediate erection of a large number of houses; unfortunately many of these were "jerry built" and no attention was paid to sanitary requirements as we understand them.

Since then a large district has sprung up with well-built desirable houses, with the result that the old property has been given up to a class of tenants, who have little, if any, regard to the rights of property.

This class of property is scattered throughout the North and South Wards, these being the oldest portions of the town.

It forms the greater part of the Cleveland Street and Ropery Lane area, as well as the lower part of the High Street. After careful consideration, it was decided by the Committee that the former district should be first inspected. A house to house visitation was made by the Sanitary Inspector and myself, and a list of sanitary defects compiled. Among other defects we noticed the almost universal absence of any proper provision for the storage of food.

Altogether 142 houses were examined, of these 46 had been closed for some years, and many were ruinous. They, with 48 others were scheduled as unfit for human habitation; of the remainder many are on the borderline, and require such extensive alterations before they are sanitary, that it will be cheaper for the owners in the long run to sell them to the Council for inclusion in the re-building scheme, rather than incur the heavy expenditure for repairs.

The district mentioned, occupies an area of about five acres, and lies in the heart of the town, between the main business thoroughfares of Northgate and Durham Street. The idea at present is to purchase these houses, pull down and re-build on the site. This will involve a large outlay, and if ultimately carried out, must represent for some time to come, the town's contribution to the better housing of the working classes. As the rateable value is only £74,839, it is self evident that progress can only be slow, but the present conditions in the area referred to, are so deplorable, and the effect on neighbouring property is so damaging, that some plan must be adopted if the prosperity of the town is not to be sacrificed. From a sanitary point of view, the extra burden of a 1d. or even a 2d. rate would be justified, and the provision of modern well built houses would attract a desirable class of working men, and tend to check the exodus of residents. Its beneficial effect on the the value of neighbouring property would be speedily felt, and would result in an increased assessable value.

As a Seaport, Hartlepool also has a "floating population" as exemplified by the casual labourer. These people cannot possibly pay a rent of 5/- or 6/- a week. "Slums exist, and houses unfit for habitation, because these alone can be let at a low rental, experience has shown that private enterprise stops short at erecting houses drawing such low rents as 2/6 a week." The stringency of modern bye-laws, and the rapid advance in wages and the cost of materials, has accentuated the difficulty. The man who earns 18/- or 20/- a week, must seek his habitation where the houses are not quite satisfactory. Many investors in old property let the house to a tenant who sub-lets it in single rooms. If it is desired to provide for such a class of tenant, power to purchase and alter such old property is afforded by Part III, of the 1890 Act.

There is much property in the lower end of High Street which would lend itself to such a scheme.

In the Cleveland Street area there are 5 Registered Common Lodging Houses which under the scheme will be closed. In which case, I suggest the Council should consider the advisability of either erecting or altering premises in the High Street to form a Municipal Lodging House, under the care and control of an efficient caretaker.

In fixing the Compensation to be given for insanitary property the Act states that if the houses are in a state of defective sanitation, or in bad repair, Compensation is to be the value of the property with all the defects remedied, less the estimated cost of putting the property into proper repair.

If the house is unfit for human habitation, compensation is the value of the land and the building materials alone.

In addition to the houses referred to, a house in Silver Street was closed under the local bye-laws with the owners consent.

The old houses in Pout's Court in the upper part of High Street mentioned in my last Report, have now been demolished and in their place, four modern houses have been erected, which will be ready for occupation in the summer. They form a block of well built desirable property, and are a distinct improvement to that part of the town.

TABLE I.—Housing and Town Planning Act, 1909, Section 17.

Number of Houses Inspected in 1913	Number Considered Unfit for Habitation	Number of Obstructive Houses	Number Scheduled as Insanitary	Number of Closing Orders Made	Number made fit for use after closing Order Made	Number remedied without a Closing Order	Number of Scheduled Unfit Houses and Obstructive Buildings now Demolished	NATURE OF DEFECTS
142	94	...	94	★	...	...	...	General Dampness and Dilapidations, Insufficient Air Space and the want of through Ventilation.

★ A Scheme for dealing with these houses is now under the consideration of the Council,

BIRTHS.

The number of Births registered in 1913, was 654, of these eight were born to parents not resident in the Borough; equal to a birth rate of 30·9 per 1000 of population, compared with 30·7 per 1000 in 1912. There were 25 illegitimate births registered, 3·8 per cent of the total.

NOTIFICATION OF BIRTHS ACT, 1907.

The Durham County Council applied to the Local Government Board for permission to adopt the Act, and administer it in the whole County, with the exception of the County Boroughs. This Council however, decided to keep the administration of the Act in their own hands, and obtained the requisite authority, on the understanding they made arrangements to carry out its provisions.

The object of the Act is the preservation of Infant life, not the collection of Statistics of Births.

It throws a duty on the the father if resident in the house at the time of the birth, or failing him, on any person in attendance on the mother at the time of birth, or within six hours thereafter, to notify the fact of Birth to the Medical Officer of Health, with 36 hours, under a penalty of 40/- for default.

This is **in addition to, not in substitution for** the requirements of the **Registration** of Births Act. In the latter case, the notice is given to the Registrar of Births, and six weeks is allowed in which to comply with the Act.

The School Nurse, (Miss Hayden), was appointed Health Visitor, and it is her duty to make periodical visits to newly born children, under the supervision of the Medical Officer of Health, to advise the mothers on questions such as feeding, weaning, clothing and infant hygienics, at the same time glaring sanitary defects are noted and reported to the Medical Officer of Health.

During the year, I have received 630 notifications of Births, of which 187 were attended by midwives. The Health Visitor has paid 123 visits, sanitary defects were noted in 31 cases, and the attention of the landlord called to them. Miss Hayden's visits have been welcome, and it is gratifying to find that such a large proportion as 85% of the Hartlepool infants are breast fed.

Table showing Birth-rate in different Wards for three years.

		1911.		1912.		1913.
SOUTH WARD	...	28.05	...	30.7	...	32.3
NORTH WARD	...	33.47	...	31.0	...	28.5
THROSTON WARD	...	33.35	...	32.1	...	31.6
MIDDLETON WARD		33.27	...	30.7	...	31.7

The Birth-rate for the whole Town was 30.90 per 1000 persons, an increase of 7 Births on the figures for 1912. The Birth-rate for the County was 30.6.

DEATHS.

During 1913, there were 432 deaths registered in the Borough, of these however, 44 must be subtracted, being those of non-residents, occurring chiefly in the Hospital and Workhouse, and to these must be added 5 deaths which occurred of Hartlepool residents when away from the Town, giving a corrected death list of 393, or a death-rate of 18.5 per 1000, as compared with 17 per 1000 in 1912. The increase is undoubtedly due to the Epidemic of Measles and Whooping Cough we experienced during the year which resulted in 37 deaths.

Table showing Death-rate in different Wards for three years.

		1911.		1912.		1913.
SOUTH WARD	...	18.0	...	19.0	...	15.7
NORTH WARD	...	24.87	...	17.7	...	22.0
THROSTON WARD	...	18.55	...	14.9	...	17.4
MIDDLETON WARD		14.27	...	20.8	...	28.4

The County Death-rate for the same period was 15.1 per 1000.

By **Infantile Mortality** is meant the number of children who die under the age of one year, from whatever cause, the deaths being calculated in terms of 1000 Births. From the Infantile Mortality, a very fair idea of the condition as to the healthiness of a district may be obtained. It is always highest in the poorer districts where the population is densest, and where overcrowding is most marked, and where the facilities for the proper storage of food stuffs, such as Milk, etc., do not exist, the use of artificial methods of feeding is frequently given as a cause, here in Hartlepool, the majority of

children are breast fed, therefore some other cause for the high rate must be looked for. I have no doubt the cause is insanitary surroundings, dark un-ventilated dwellings, overcrowding, etc., etc.

There were 94 deaths of children under one year of age, giving a proportion of 145 to every 1000 births. This is a great increase on last year, but it must be remembered that in 1912, the Infantile death-rate was the lowest on record, owing largely to the cold, wet summer and the absence of flies and other insect disseminators of disease.

Death-rate per 1000 Births.

	1910.		1911.		1912.		1913.
Borough of Hartlepool	160	...	161	...	106.5	...	145
County of Durham	125	...	158	...	106	...	137

As a result of Miss Hayden's efforts, I anticipate a reduction in the high Infant Death-rate.

Of the 21 illegitimate children born in 1913, 6 died under the age of 1 year.

Zymotic Diseases.

The principal Zymotic Diseases are Small Pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Typhus Fever, Enteric Fever, Diarrhœa and Enteritis.

The Deaths from the above, numbered 55 equal to a death-rate of 2.6 per 1,000. This was a considerable increase on the rate for 1912, when it was only 0.9 per 1,000, an unusual state of things and one largely due to the weather conditions.

The County Zymotic death rate for 1913 was 1.85 per 1,000 Inhabitants.

Notifiable Diseases.

Are Small Pox, Cholera, Diphtheria, Scarlet Fever, Fever including Typhus, Enteric, Relapsing and Continued Fever, Erysipelas, Puerperal Fever, and all forms of Tuberculosis. The latter only became notifiable this year, and accounts for the increase in the number of certificates received, viz: 115 as against 83 in 1912.

Table showing Diseases notified in 1912 and 1913.

	1912.				1913.			
	South Ward	North Ward	Throston	Middleton	South Ward	North Ward	Throston	Middleton
Small Pox ...	...	1	3	...	...	...	...	...
Scarlet Fever ...	4	10	14	1	5	8	9	1
Diphtheria ..	1	1	3	1	1	2	3	...
Erysipelas ...	2	...	2	...	3	2	8	...
Enteric Fever ...	...	...	...	...	...	...	1	...
Pulmonary Tuberculosis ..	11	17	11	1	10	7	10	...
Other Forms ...	Not notifiable				14	8	13	...
	18	29	33	3	33	37	44	1

Small Pox.—No case of Small Pox occurred in the Borough during the year. In the case of two persons who had been in contact with Small Pox patients, steps were taken to disinfect the clothing, and they were kept under constant observation until the incubation period had expired.

VACCINATION.

Judging by the results of the School Medical Inspection, about 82 per cent of the children are vaccinated. But this does not imply that 82% are efficiently vaccinated, in many cases there was only one mark, sufficient to entitle the child to a certificate of vaccination, but not of efficient vaccination, as judged by the Local Government Board standard.

Scarlet Fever—During the year there were 23 cases notified, a decrease of six on the previous year; of these, eight cases were removed to the Port Sanitary Hospital. The cases were evenly distributed over the whole town, and did not arise from any particular centre or School. There were no deaths. County death-rate—0.15 per 1000.

Enteric Fever— For the first time for some years, a case of Enteric Fever was reported, and the diagnosis was confirmed by means of Laboratory tests. There was no doubt that the disease had been contracted outside the town and as every care was taken to disinfect the discharges, etc., no further case occurred. County death-rate—0·06 per 1000.

Diphtheria and Membraneous Croup—The same number of cases, i.e. six, as were notified last year. I repeat my recommendation that a supply of Antitoxin should be stocked at the Health Department. One of the cases was detected at School Inspection, one case was removed to Hospital. There was one death. Death-rate for County—0·19 per 1000.

Erysipelas—During the year 13 notifications were received and one death occurred.

NON-NOTIFIABLE INFECTIOUS DISEASES.

The chief are Measles, Whooping Cough, Chicken Pox and Diarrhœa.

Measles—The epidemic of Measles which visited the Town in the Autumn of 1912, and necessitated the closing of several schools continued into the early part of 1913. The N.E. Coast seems to have especially suffered and the epidemic was marked by a high mortality rate.

There were 28 deaths as compared with 13 in 1912, and 3 in 1911, while in 1910 there were no deaths from Measles.

During the year no schools were closed.

Measles are often followed by a prolonged period of ill-health and not infrequently Phthisis or other form of Lung Trouble is a sequel. Warm Clothing and good food is specially required during the convalescent stage. Death-rate—1·3 per 1000. For County 0·41.

Whooping Cough—There were 9 deaths from Whooping Cough; giving a Death-rate of 0·42 per 1000. In the previous year there were no fatal cases. Epidemics of Whooping Cough often follow outbreaks of Measles, in which case the mortality is always great, due to the weak condition induced by the previous attack of Measles. County Death-rate 0·18 per 1000.

Tubercular Diseases—There were 72 cases notified, viz: 37 of Lung Tuberculosis or Phthisis and 35 of Tuberculosis attacking other structures. There were 14 deaths from Phthisis or 0·6 per 1000, and 13 deaths from other forms of Tuberculosis. County Death-rate for Phthisis—0·89, for other Tubercular Diseases—0·53 per 1000.

The Campaign against the "White Scourge" is now in full swing and a Tuberculosis Dispensary has been opened in the Town under the control of the County Tuberculosis Committee.

Our Health Visitor acts as Nurse under the Scheme, and part of her salary is refunded by the County Committee.

All cases of Phthisis notified to this office are visited by the Sanitary Inspector or myself. A leaflet is given instructing the patient how to deal with the expectoration, etc., disinfectants and a sputum flask are provided free of charge, and whatever disinfectants are necessary for cleansing the house, are also given. Where death occurs, or the patient has removed, the house is disinfected. Sanitary defects are brought to the notice of the landlord, and children from the infected house attending School, are examined and if necessary, notified and excluded from School.

Table showing DEATHS from Infectious Diseases, 1912-1913.

	1912—18=0·85 per 1000.				1913—66=3·1 per 1000.			
	South Ward	North Ward	Throston	Middleton	South Ward	North Ward	Throston	Middleton
Small Pox ...	...	...	1	...	..	...	...	...
Diphtheria ...	...	...	3	...	...	1	...	...
Measles ...	...	...	...	...	5	6	17	...
Whooping Cough ...	...	...	...	...	3	4	2	...
Erysipelas ...	...	...	..	...	...	...	...	1
Pulmonary Tuberculosis (Phthisis) ...	5	5	3	1	1	9	4	...
Other forms of Tuberculosis ...	...	...	...	...	5	2	5	1
	5	5	7	1	14	22	28	22

Cancer and Malignant Diseases—There were 19 Deaths as against 17 in 1912, and 25 in 1911. Of the 19 deaths, 3 were in persons under 45 years, 8 in persons between 45 and 65, and 8 in persons of 65 years of age and upwards. The death-rate was 0·9 per 1000.

Respiratory Diseases—There was an increase of 15 deaths compared with 1912—principally from Pneumonia.

	1912.		1913.
Bronchitis ...	28	...	29
Pneumonia (all forms)	23	...	41
Other Respiratory Diseases excluding Phthisis	5	...	1
	<hr/> 56—2·6 per 1000		<hr/> 71—3·3 per 1000

County Death-rate—2.53 per 1000.

Of these 71 deaths, 15 occurred in Infants under 1 year, 27 in children between 1 and 5 years, and 19 in persons who were 65 years of age and upwards.

Other Diseases—As in the previous year, 2 deaths were due to Influenza. 41 were Heart cases, only 2 were due to Cirrhosis of Liver. There were 12 deaths due to Violence. and 2 Suicides.

34 Inquests were held during the year; this large number being accounted for by the fact that the Hartlepoons Hospital serves a large out-lying industrial population.

SANITARY ADMINISTRATION.

Common Lodging Houses—There are seven common lodging-houses these have received constant attention, the Sanitary Inspector having paid frequent visits during the year, and they are visited also by the M.O.H. from time to time. On the whole, they have been kept fairly clean, but most of them are structurally unfit for the purpose for which they are used. I think that under the proposed Housing Scheme, some steps should be taken to provide suitable lodging-house accommodation in another part of the town.

Slaughter Houses—In the Borough we have 38 Butchering premises, of these, 33 are used as slaughter-houses, 12 being registered slaughter-houses, and 11 have an annal license. During the year, the license of one slaughter-house was surrendered, and instead, an annual license granted for a suitable place. With so many slaughter-houses, it is impossible to adequately supervise the inspection of Meat. During the year the following lots of food were condemned and destroyed. There were no prosecutions.

Food.			Condition of Food and Action taken.		
1 Carcase of an Heifer	...	...	Tuberculosis—all except hind legs condemned.		
“ “ “	...	...	Badly horned about fore-quarters fore-half condemned.		
1 Carcase of a Pig	...	...	Tuberculosis, condemned & destroyed.		
4 lots of Lungs	...	...	“	“	“
3 pieces of Pickled Beef	...	...	Unsound	“	“
1 Box Herring	...	...	“	“	“
1 Box Mackerel	...	...	“	“	“

Fish Quay—The attention of the N.E.R. has been drawn to the lack of suitable sanitary accommodation provided for the girls and women, who work during the herring season on the Quay. Often as many as 200 are employed, in addition to the other females who use the Quay, either as clerks or fish buyers, etc. I had an interview with Mr. Coleman, and gathered that the N.E.R. were unable to make any definite statement until it was decided what use would be made of the old pier. There is a probability of its being used for coal staithes, in which case few herring packers would be accommodated, and the whole question was postponed until 1914, meanwhile temporary accommodation is provided in a yard in Sunnyside.

Rag and Flock Act, 1911.—Only one firm in the Borough comes under the provisions of the Act, The object of the Act is to insist on a prescribed standard of cleanliness. One sample was analysed and certified as in accordance with the requirements of the Act.

Bakehouses—There are two underground Bakehouses in use, one being licensed during the year. They are kept clean, and in good condition, and are visited from time to time.

Scavenging—Continues to be satisfactory. Covers are now provided on the carts. During the year, 9,360 tons of refuse were consumed at the Destructor.

Milk Supply—No Milk is produced in the Borough, the large outside Dairy Companies supplying the Town. The Milk is distributed as follows :—

Sale of Milk only	...	...	8
Confectioners	...	...	3
Restaurants	...	...	2
General Dealers	...	...	10
Fruiterers	...	...	3
Ice Cream Shops	...	...	2
Butchers	...	...	1
Grocers	...	...	2
Total			<u>32</u>

Frequent visits have been paid to the Milk Vendors, and attention to the Regulations insisted on.

Under the Tuberculosis Order of 1913, four samples of milk were taken and sent for bacteriological examination. In each case no Tubercle Bacilli were found. At present, the whole position is very unsatisfactory, the fact being, that it is possible for an animal yielding the milk in question, to be affected with Tuberculosis, and yet the milk may not show the presence of the Bacilli, and when bacilli are found it is impossible to state that the bacilli are Tubercle Bacilli. To do this it is necessary to make experiments on animals, such as guinea pigs, and as the whole time required is three to six weeks it is evident that the procedure under the Order is of little value. At present, the only safe plan is to pasturize the milk by placing the jug containing the milk in a pan of water, and raising it to the temperature of 160° F., for 10 minutes. This does not alter the flavour as boiling does, the latter produces "Sterilized" Milk, which will keep longer.

Milk and Cream Regulations, 1912.—Under these Regulations, it is laid down that no preservative is to be added to milk in **any case**, and no preservative to cream, which is sold **as** cream. If a preservative which must be either Borax or Boric Acid, or a mixture of these, or Peroxide of Hydrogen is added to cream, it must be sold as preserved cream, and re-labelled as such. In addition, there must be present not less than 35 per cent of milk fat. The addition of thickening substances, except cane or beet sugar, is also prohibited. The Tables given below, show the action taken under these Regulations.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912

Action taken in 1913.

Milk and Cream not sold as Preserved Cream.

Number of Samples examined for the presence of Preservatives—

Milk	...	...	...	24
Cream	...	...	...	Nil

Number in which Preservatives were reported to be present—

Milk	...	...	...	Nil
Cream	...	...	...	Nil

CREAM SOLD AS PRESERVED CREAM.

Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to Preservatives, were correct.

Correct statement made	...	...	5
Statements incorrect	...	...	Nil
		Total	<u>5</u>

Determination made of Milk Fat in Cream sold as Preserved Cream.

Above 35% full Fat	...	...	5
Below „ „	...	...	Nil
		Total	<u>5</u>

Instances where (apart from analysis) the requirements as to labelling, or declaration of Preserved Cream, in Article VIII, and the provision in Article V21, of the Regulations have not not been observed—Nil.

Particulars in each case in which the Regulations have been complied with, and action taken—Nil.

Thickening substances, any evidence of their addition to Cream or Preserved Cream—Nil.

Action taken when found—Nil.

Sale of Food and Drugs Act—The following Table shows the action taken under the Food and Drugs Act:—

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT.						
Informal.	No.	Formal.	No.	Total	Samples containing Preservatives.	
					Articles.	Amount of Boracic Acid.
Butter ..	10	Milk	24	34	1 Margaine	Unimportant quantities
Cheese ...	10			10		
Margarine ...	1			1	1 Butter	16 g'ns per lb.
Lard ...	4			4	1 do.	22 " "
Flour ...	3			3	5 Preserved	
Condensed Milk	6			6	Cream	0.5 per cent each
Preserved Cream	5			5		
Potted Meat ...	1			1		
Tea ...	1			1	8	
Pepper ...	2			2		
Baking Powder	2			2		
Mustard ...	3			3	3 of Cheese sold as Dutch	
Camphorated Oil	4			4	Cheshire, reported as of inferior quality.	
	52		24	76		

POOR LAW RELIEF DURING 1913.

Number of orders issued for admission to the Workhouse	...	286
Number of Orders issued for Medical Attendance	...	603
Average number per week in receipt of Out-door Relief	...	410
Giving 19.7 per thousand inhabitants, compared with 21.4 in 1912 and 21.7 in 1911.		
Deaths in Workhouse, being Hartlepool cases	...	38
Number of certificates of successful Vaccination	...	412
„ „ of exemption from Vaccination	...	96

HOSPITAL ACCOMMODATION.

At present, the Port Sanitary Hospital is used, and affords accommodation for cases from the Port, for which it was originally intended, and also from Hartlepool. Should however, a serious Epidemic occur, it would be found quite inadequate to meet the needs of the three Authorities, including West Hartlepool. The most objectionable feature is the close proximity of the Small-pox Hospital which should be removed.

DISINFECTION.

The late M.O.H. drew attention to the need for a Steam Disinfecting Apparatus, and suggested that the steam from the Destructor might be used. The present method is unsatisfactory, as bedding, etc., cannot be adequately dealt with.

Report of the Health Visitor & School Nurse

For the Months of November and December 1913.

During the two months that I have been acting as School Nurse, I have been present at seven of the schools (13 Departments) for the Medical Inspection.

I also attended at Baltic Street Girls' Department five times, for the re-inspection of children that had been excluded from school on account of ill-health, or being dirty and verminous.

At the Head to Head Inspection of Girls attending nine of the schools (15 Departments), the following was the result.

Out of 1960 Girls examined—

46 were Verminous.

864 had Nits.

and 1050 were clean, bringing the number of those affected up to 910.

I visited 266 homes of children that were absent from school, and of these, about 12 were visited and treatment carried out, for at least a week or ten days, and 2 for longer periods. They were principally cases of Impetigo and Bad Eyes.

As regards the Notification of Births Act. I visited for the first time 123 Infants, and the homes of 6 Infants, who had died before the age of three weeks, 3 being premature and the others had Convulsions from Birth.

Of those living 105 were entirely Breast fed. 13 Bottle fed, only 1 having a bottle tube. 5 Breast, with supplementary feeding. But these last five were 9 or 10 months old.

ALICE HAYDEN.

TABLE I.

LOCAL GOVERNMENT BOARD TABLE.

VITAL STATISTICS of WHOLE DISTRICT during 1913 and previous Years.

NAME OF DISTRICT: BOROUGH OF HARTLEPOOL.

Year	Population estimated to Middle of each Year.	Births		Total Deaths Registered in the District.		Transferable Deaths†		Nett Deaths belonging to the District.					
		Un- corrected Number	Nett.	Number †	Rate	Number *	Rate. †	of Non- residents register'd in the District. †	8	9	Under 1 year of age		
											Number *	Rate per 1000 Nett Births	At all Ages.
1	2	3	4	5	6	7	8	9	10	11	12	13	
1908	24,000	704	704	29.3	354	14.7	...	...	90	127.8	354	14.7
1909	24,000	620	620	25.8	321	13.3	...	...	66	106.1	321	13.3
1910	24,000	650	650	27	347	14.4	...	...	104	160	347	14.4
1911	20,956	652	652	31.1	446	21.2	32	6	105	161	418	19.9	
1912	21,059	646	647	30.7	388	18.4	36	7	69	106.4	350	17.0	
1913	21,152	646	654	30.7	432	20.8	44	5	94	145	393	18.5	

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1,000 of the estimated gross

population. In a district in which large Public Institutions for the sick or infirm seriously effect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

*In Column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

†The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar-General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡“Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casualties, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of “non-residents” which are to be deducted, and will state in Column 9 the number of deaths of “residents” registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such Institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (a) to the district of residence, under the general rule; (b) if this district is unknown or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Total population at all ages...	...	...	20,356
Number of inhabited houses	...	...	4,228
Average number of persons per house ...	...	...	5.28
Area of District in acres (land and inland water)...			972½

At Census, 1911.

LOCAL GOVERNMENT BOARD TABLE.

TABLE II. CASES OF INFECTIOUS DISEASES notified during the Year 1913.*

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.						TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g. Parish or Ward of the District.				TOTAL CASES RE-MOVED TO H'TAL			
	At All Ages.	At Ages!—Years.					1	North Ward	2 South Ward	3 Throston Ward		4 Middle'tn Ward		
		Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 45.							45 to 65.	65 and upwards
Small-pox ...	...	...	...	5	1	...	...	2	1	3	...	1
†Cholera (C) Plague (P)	...	...	...	...	1	10	2	2	2	3	8	...
Diphtheria (including Membranous croup)	...	...	...	17	3	2	...	8	5	9	1	8
Erysipelas ...	13	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	23	...	1	...	...	...	...	...	...	...	...	...
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever ...	...	...	...	...	...	...	...	...	...	...	...	...
†Relapsing fever (R)	1	...	...	...	...	...	...	...	...	...	...	...
Continued fever (C)	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis ...	37	...	2	12	9	9	3	17	10	10	...	...
Other forms of Tuberculosis	35	1	4	15	11	3	1	8	14	13	...	...
§ Totals ...	115	1	7	49	25	25	6	37	33	44	1	9		

NOTES.—State in space below the name and position within or without the district of the isolation hospital or hospitals, sanatoria or other Institutions to which the residents in the district, suffering from infectious disease, have usually been sent, and the name of the authority by whom the hospital is provided.

§ This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district.

† These space columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

* Specify the disease by initial against the figure.

† The figures should take account of any corrections made as a result of error in notification or revision of diagnosis as a result of the further course of the disease (cf. para. (3) on p. 3 of the Weekly Summary of Cases of Infectious Diseases).

Isolation Hospital or Hospitals, Sanatoria, &c.:—Port Sanitary Fever Hospital, Hartlepool; Durham County Tuberculosis Sanatoriums, Stanhope and Wolsingham. Surgical Cases treated at Hartlepool Hospital.

TABLE III.

LOCAL GOVERNMENT BOARD TABLE.

Causes of, and Ages at Death during the Year 1913.

CAUSES OF DEATH.		NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT (a).									Total Deaths, whether of "Residents" or "Non-Residents" in Institutions in the District (b).
		All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
I		2	3	4	5	6	7	8	9	10	
All causes	Certified (c) ..	387	93	39	39	16	20	49	65	66	87
	Uncertified ..	6	1	1	..	1	1	1	1	..	..
Enteric Fever ..	..	..	..	..	..	..	..	..	..	..	1
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	..	26	7	8	9	2	..	..	..	..	..
Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	1
Whooping Cough ..	..	9	4	1	4	..	..	..	..	..	..
Diphtheria and Croup ..	..	1	..	..	..	1	..	..	..	..	..
Influenza ..	..	2	..	..	..	..	..	..	1	1	..
Erysipelas ..	..	1	..	..	..	..	..	1	..	..	1
Phthisis (Pulmonary Tuberculosis) ..	..	15	..	..	..	2	4	5	3	1	5
Tuberculous Meningitis ..	..	6	..	1	1	3	1	..	..	..	..
Other Tuberculous Diseases ..	..	8	2	1	1	1	1	1	1	..	..
Cancer, malignant disease ..	..	19	..	..	..	..	..	3	8	8	12
Rheumatic Fever ..	..	1	..	..	..	1	..	..	..	..	..
Meningitis (<i>See note (d)</i>) ..	..	5	..	..	1	2	1	1	..	..	..
Organic Heart Disease ..	..	41	..	..	..	..	3	10	15	13	11
Bronchitis ..	..	29	9	7	..	..	..	1	8	4	3
Pneumonia (all forms) ..	..	41	6	8	12	1	3	5	5	1	9
Other Diseases of Respiratory Organs ..	..	1	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis. (<i>See note (e)</i>) ..	..	19	13	2	4	..	..	..	..	..	..
Appendicitis and Typhlitis ..	..	2	..	..	..	2	..	..	..	..	2
Cirrhosis of Liver ..	..	2	..	..	..	..	..	2	..	..	1
Alcoholism ..	..	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease ..	..	8	..	..	..	..	2	..	4	2	1
Puerperal Fever ..	..	1	..	..	..	..	..	1	..	..	..
Other accidents and diseases of Pregnancy and Parturition ..	..	4	..	..	..	..	1	3	..	..	..
Congenital Debility and Malformation, including Premature Birth ..	..	40	39	1	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide ..	..	13	1	1	..	..	3	6	1	1	7
Suicide ..	..	2	..	..	..	..	1	..	1	..	..
Other Defined Diseases ..	..	47	4	4	5	1	..	10	14	9	15
Diseases ill-defined or unknown ..	..	44	8	5	2	..	..	..	3	26	9
Totals ..	..	393	94	40	39	16	21	50	66	66	87

NOTES TO TABLE III.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are to be *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" see footnote to Table I.

The total deaths in column 2 of Table III. should equal the figures for the year in column 12 of Table I.

- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or non-residents, are to be entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."
- (d) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-spinal Meningitis.
- (e) Title 19 should be used for deaths from Diarrhoea and Enteritis at all ages. (In the "Short List" deaths from Diarrhoea and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28.)

TABLE IV. LOCAL GOVERNMENT BOARD TABLE.
INFANT MORTALITY.

1918. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH			Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
All causes	Certified	..	23	5	4	1	33	12	13	16	19	93
	Uncertified	..	..	..	..	..	..	..	..	1	..	1
Small-pox	..	..								
Chicken-pox	..	..								
Measles	..	..	..	..	..	..	..	..	..	3	4	7
Scarlet Fever	..	..	..	..	..	..	..	1	1	1	1	4
Whooping Cough	..	..	..	..	..	..	..	1	1	1	1	4
Diphtheria and Croup	..	..	..	..	..	..	..	1	1	1	1	4
Erysipelas	..	..	..	..	..	..	..	1	1	1	1	4
Tuberculous Meningitis	..	..	..	..	..	..	..	1	1	1	1	4
Abdominal Tuberculosis (b)	..	..	..	..	..	..	..	1	1	1	1	4
Other Tuberculous Diseases	..	..	..	..	..	..	..	1	1	1	1	4
Meningitis (not Tuberculous)	..	..	..	..	..	..	..	1	1	1	1	4
Convulsions	..	..	..	..	..	..	..	1	1	1	1	4
Laryngitis	..	..	..	..	..	..	..	1	1	1	1	4
Bronchitis	..	..	..	..	..	..	..	1	1	1	1	4
Pneumonia (all forms)	..	..	..	..	..	..	..	1	1	1	1	4
Diarrhoea	..	..	..	..	..	..	..	1	1	1	1	4
Enteritis	..	..	..	..	..	..	..	1	1	1	1	4
Gastritis	..	..	..	..	..	..	..	1	1	1	1	4
Syphilis	..	..	..	..	..	..	..	1	1	1	1	4
Rickets	..	..	..	..	..	..	..	1	1	1	1	4
Suffocation, overlying	..	..	..	..	..	..	..	1	1	1	1	4
Injury at Birth	..	..	1	..	..	..	1	..	..	..	..	1
Atelectasis	..	..	1	..	..	..	1	..	..	..	..	1
Congenital Malformations (c)	..	..	..	..	..	..	..	..	..	..	..	..
Premature Birth	..	..	10	..	1	..	11	..	..	..	..	11
Atrophy, Debility and Marasmus	..	..	10	5	3	1	19	..	..	..	..	19
Other Causes	..	..	1	..	..	..	1	5	4	2	4	16
TOTALS			23	5	4	1	33	12	13	17	19	94

Nett Births in the year	legitimate	.. 629	Nett Deaths in the year of	legitimate infants	.. 88
	illegitimate	.. 25		illegitimate infants	.. 6

NOTES TO TABLE IV.

- (a) The total in the last column of Table IV. should equal the total in column 10 of Table I, and in column 3 of Table III.
- (b) Under Abdominal Tuberculosis are to be included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III. under the heading Congenital Debility and Malformation including Premature Birth.
Want of Breast Milk should be included under Atrophy and Debility.
- (d) For reference to the meaning of any other headings, see notes attached to Table III.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

J. DICKINSON LEIGH, *Medical Officer of Health.*

28th February, 1914.

Annual Report of the Medical Officer of Health, for the year 1913, for the Borough of Hartlepool,

on the administration of the Factory and Workshop Act, 1901,
in connection with

FACTORIES, WORKSHOPS, WORKPLACES and HOMEWORK.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions (4)
Factories (Including Factory Laundries)	1	—	—
Workshops (Including Workshop Laundries)	249	9	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report).	—	—	—
Total	250	9	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of Prosecution (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	18	18	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	3	3	—	—
Other nuisances	15	15	—	—
Sanitary accommodation { insufficient	1	1	—	—
{ unsuitable or defective	3	3	—	—
{ not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Acts—</i>				
Illegal occupation of underground bake- house (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	—	—	—
Other Offences (excluding offences relating to outwork which are included in Part 3 of this Report)	—	—	—	—
Total	40	40	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901 as remediable under the Public Health Acts.

3.—HOMework.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.						Notices served on Occupiers as to keeping or sending lists.
	Lists received from Employers.						
	Sending twice in the year.			Sending once in the year.			
	Lists.	Outworkers		Lists	Outworkers		
		Contractors	Workmen		Contractors	Workmen	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing Apparel—				NIL			
(1) making, &c.							
(2) cleaning and washing							
Household linen							
Lace, lace curtains and nets							
Curtains and furniture hangings							
Furniture and upholstery							
Electro plate							
File making							
Brass and brass articles							
Fur pulling							
Cables and chains							
Anchors and grapnels							
Cart gear							
Locks, latches and keys							
Umbrellas, &c.							
Artificial flowers							
Nets, other than wire nets							
Tents							
Sacks							
Racquet and tennis balls							
Paper, etc , boxes, paper bags							
Brush making							
Pea picking							
Feather sorting							
Carding, &c., of buttons, &c.							
Stuffed toys							
Basket making							
Chocolates and sweetmeats							
Cosaques, Christmas crackers							
Christmas stockings, &c.							
Textile weaving							
Total							

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number
Important classes of workshops, such as workshop bakehouses, may be enumerated here.	
(Dressmaking	7
Millinery	5
Boot Repairing	10
Tailoring	3
Fish Curing	11
Bakehouses	4
Others	11
Total number of Workshops on Register	51

5.—OTHER MATTERS.

Class.	Number
Matters notified to H.M. Inspector of Factories—	
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901) ..	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901)—	
Notified by H.M. Inspector	5
Reports (of Action taken) sent to H.M. Inspector	5
Other	—
Underground Bakehouses (s. 101):—	
Certificates granted during the year ..	1
In use at the end of the year	2

Part II.--Education.

Borough of Hartlepool.

EDUCATION COMMITTEE.

Chairman : ALDERMAN M. HARRISON.

Vice-Chairman : COUNCILLOR R. HUNTER.

Members of Council :

ALDERMAN BUTTERWICK	COUNCILLOR FIRBY
„ HARRISON	„ GIBB
„ HUNTER	„ GRAHAM
„ ROWE	„ HUNTER
COUNCILLOR ATKINSON	„ PURVES
„ BRICKMAN	„ TURNER
„ CHARLTON	„ WATSON

Co-opted Members :

MR. F. H. R. ALDERSON	MRS. KEARSLEY
„ T. M. ARMSTRONG	MR. W. McBRIDE
MRS. CHARLTON	MR. E. OLIVER

MR. T. H. PEVERELL.

Secretary : H. W. BELL, Esq., TOWN CLERK.

School Medical Officer :

J. DICKINSON LEIGH, M.D., M.B., M.S., F.R.C.S., D.P.H.

Treasurer : MR. CHRIST. ROBSON, F.S.A.A.

School Nurse : MISS ALICE HAYDEN, CERT. R.S.I.

School Wardens : MR. H. FORDHAM & MR. J. MITCHELL.

Surveyor : MR. W. WATT.

BOROUGH BUILDINGS,
HARTLEPOOL,
MARCH, 1914.

TO THE HARTLEPOOL EDUCATION AUTHORITY.

LADIES AND GENTLEMEN,

I beg to submit my **Second Annual Report** on the work done in the year, January to December, 1913. The outstanding feature of interest of the School year is the appointment of the School Nurse, and although it was only in November that Miss Hayden took over her duties, I have already felt the advantage of her trained and skilled assistance. The logical outcome of our School Medical Inspection and School Inspection Clinic would be the establishment of a **School Treatment Clinic** for the many cases which although too trivial to engage the attention of the family Doctor, yet, need constant care and supervision if our school children are to reap the full advantage of the excellent educational opportunities which are now offered them. Little people are more susceptible to pain, irritation and suffering than their elders, and such causes distract their attention, and interfere with their school progress more than one would imagine. As the Board of Education are now prepared to pay 50% of the cost, I hope when the next Annual Report is due the School Treatment Clinic may have materialized.

In conclusion, let me very heartily thank all the Teachers and Officials who have given me so much invaluable help.

I remain,

Your obedient Servant,

J. DICKINSON LEIGH.

Report on the Medical Inspection of Schools in the Borough of Hartlepool,

BY

J. DICKINSON LEIGH, M.D., M.B., M.S., F.R.C.S., D.P.H.

The Report this year follows on the lines suggested by the Board of Education in their circular letter No. 596.

The following extract shows the view held by the Board as to the scope of the Report :—

“ Reports for the information of the Board of Education may well include statements of local circumstances and conditions, which would be superfluous if they were intended only for the information of the Local Authority. The Board consider that the Report should cover as much as possible of the ground indicated under the following heads ” :—

A.

“ A general review of the hygienic conditions prevalent in the Schools in the area of the Local Education Authority in such matters as surroundings, ventilation, lighting, warming, equipment and sanitation, including observations on the type and condition of Sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of schoolrooms and cloakrooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the Schools to the health of the children.”

The Schools in the Borough of Hartlepool are ten in number, an increase of one on last year, the new School being St. Mary's R.C. in Hart Road—a bright cosy little School with accommodation for 210 in the Mixed Department and 170 in the Infants' Department. There is a capital playground, and the sanitary arrangements and conveniences are up-to-date. Of the ten Schools, five are provided and five non-provided Schools.

(1) Provided Schools.

NAME OF SCHOOL.		DEPARTMENT.		ACCOMMODATION.		AVERAGE ATTENDANCE.
Church Close	...	B.—G.—Infts.	...	738	...	647
Throston	...	B.—G.—Infts.	...	839	...	664
Hart Road	...	B.—G.—Infts.	...	723	...	583
Baltic Street	...	B.—G.—Infts.	...	722	...	703
Galley Field	...	B.—G. —	...	654	...	480

(2) Non-Provided Schools.

Middleton St. Johns	Mixed and Infnts.	...	232	...	182
St. Bega's R.C.	...	„ „ „	409	...	357
St. Mary's R.C.	...	„ „ „	210	...	170
Ann Crook's	...	Boys	144	...	132
Prissick	...	Infants	194	...	126
			<u>4,764</u>		<u>4,044</u>

The School at Throston has been condemned, and plans have been submitted to and approved of by the Board of Education. I hope during the coming year a start will be made with the building.

The Elementary Schools staff consists of 21 Head Teachers and 112 Assistants, of the latter, 54 are Certificated Teachers and 52 Un-certificated, and in addition there are 6 Juniors.

The assessable value for Education rate (Borough Fund) is £74,831 os. od. The Elementary Education rate was 2/- in the pound. One penny in the pound produces £307 5s. 6d. The amount expended was over £16,500 os. od. The average cost per child was £4 2s. 1½d.

Most of the buildings are old and the play grounds leave much to be desired. Owing to Hartlepool's position, a peninsula, land is valuable and it is now impossible to provide the requisite accommodation. Few Schools possess any central hall, drilling on wet days is therefore impossible. Two of the Schools are lighted with gas and incandescent mantles and eight with electric light. The window lighting in the majority is sufficient. Ventilation especially of the cloakrooms in many cases is insufficient, but window boards are being supplied where needed. The classrooms can easily be flushed with fresh air, and this should be taken advantage of by the Teachers in the play time and dinner hour.

For some time past a proprietary article had been used in the Schools for the purpose of laying the dust; as the contract had expired I was asked by the Committee to report on its value. The Head Teachers were interviewed and the majority were of opinion that, as a dust layer it certainly was useful, but on the other hand it discoloured the floors and tended to conceal dirt, and they considered the good effected was not proportionate to the cost. I advised the Committee to discontinue its use and rely on hot water, soft soap and "elbow grease." On the whole, the Schools have been adequately cleaned, but in comparing Hartlepool Schools with others in the County, the fact must be kept in mind that from its industries,

Ship Building, Engine Works, and above all Coal Exporting, the atmosphere is at all times filled with much foreign matter and it is exceedingly difficult to keep houses or Schools clean.

At each visit the condition of the lavatories and closets is examined, each school has a constant water supply and all are provided with water closets. The Committee supply the requisite paper, this plan has been found to work well and there have been no complaints of waste, whilst undoubtedly its educational value is great. An increased supply of Towels to the various schools is needed.

It was never intended that the children should perform their ablutions in the school instead of at home, but unfortunately in some cases this is the only place where the child can find the necessary equipment. The provision of 1 or 2 Towels per week for a school with 200 or more children is inadequate.

Since September there has been an outbreak of **Ophthalmia** in the schools and a considerable number of children have been absent from this cause. I have no doubt but that the Towel difficulty has to some extent assisted its spread.

For drying clothes and boots no special provision has been made, most of the cloakrooms are heated with hot water pipes, but in any case the distance the children travel is not great. The ten schools are accessible and now that the New R.C. School has been opened in Hart Road, in no case need a child travel more than half-a-mile.

B.

“General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service and for the organization and supervision of Medical Inspection, and an account of the methods of inspection adopted.”

As the posts of School Medical Officer and Medical Officer of Health are held by the same person it follows there is no difficulty in correlating the work.

During the year 1913, it was **not** necessary to close any school or department for **Infectious Disease**.

A list of all cases of infectious disease occurring among children of School age, or in households from which children are attending Elementary Schools, is sent to the School Wardens and the Head Teachers, and steps are taken to

exclude all contracts for the necessary time. The methods of School inspection remain as last year. Each child was weighed and measured by the Teacher, without boots or overcoat and the results are recorded on the Schedule Card, as are also the Teacher's findings as regards boots and general cleanliness. It is advisable the Teacher should mark these items, as experience shows the children are often specially dressed and made tidy for Medical Inspection. The School Medical Officer carefully examines the chest of every child, paying special attention to the signs of early Tuberculosis. The lungs and heart are examined by percussion and auscultation. Next, the teeth are counted and the condition of the Throat and Tonsils are examined. Hearing is estimated at a distance of 20 feet, and each eye is tested separately at the same distance, and the results recorded. Lastly the condition of the ears, throat and nose is investigated. Where required, the mental condition as to backwardness, dullness, etc., is estimated.

Bi.

A statement of the extent (if any) to which the Board's Schedule of Medical Inspection has not been followed, and the reason for such departure.

The Schedule used approximates to that issued by the Board, in addition the fact of vaccination or otherwise is recorded.

Bii.

A Statement showing the assistance given to the School Medical Officer by Nurses, Managers of Schools, Teachers, Attendance Officers, or other persons.

The School Nurse (Miss Haydon) commenced her duties on Nov., 1913, and since then has rendered very great assistance both as to attendance at Inspection and re-examination, and also in visiting at the homes and "following up" children found to be defective at the Medical Inspections.

To the Teachers I would express my sincere thanks for invaluable help, willingly and cheerfully given, without their help the work of Medical Inspection in the past would have been impossible; and I am glad to know that in future we shall not have to make such heavy demands on their time and good nature. Usually the Head Teacher is present at the Inspection and is able to give considerable help, especially in the matter of the child's mental attainments. Each week the School Wardens supply me with a list of absentees from school with the probable cause. Where no doctor is in attendance, the Nurse calls at the house and makes enquiry and directs the child to attend at the Inspection Clinic for my opinion. But where a medical man is in attendance, the School Wardens communicate with him

in all cases where the absence from school exceeds 7 days. My professional brethren have cordially helped me in this matter, for which I am correspondingly grateful.

Biii.

“A Statement showing the methods adopted for securing the presence of parents at the inspection, and their co-operation in the subsequent treatment of defects, together with a review of the effects of such methods.”

When the day has been fixed for the Medical Inspection each Head Teacher receives a supply of cards which are sent to the parents enquiring as to the diseases the child has suffered from in the past, stating the time fixed for the Inspection and asking the parents to attend. The findings as to the previous illness are recorded on the Inspection Schedule.

During 1913, there were 114 parents present at the inspection as compared with 81 in the previous year.

When a defect is found, the condition is explained to the parent if present, and the advisability of securing medical treatment is impressed on them, in addition, in all cases a formal notice is sent to the home. I have received no notice of objection to inspection, on the other hand I am constantly appealed to by parents to examine children who are not on the list for inspection. Such cases, together with children examined at the request of the Teachers or Attendance Officers are classified as “specials.” All children found defective at the routine examination are marked for re-inspection, generally at the end of eight weeks, so that the parents may have reasonable time in which to secure medical treatment.

If at the re-inspection it is found that no steps have been taken to remedy the condition, the School Nurse is instructed to call and interview the parents. Undoubtedly much is being accomplished, and the results are distinctly encouraging, yet much remains to be done, and it will be necessary to take Court proceedings before some parents realise their responsibilities in this matter.

Unfortunately many children attained the age limit and left School before they could be re-inspected. In future, this will be avoided by examining the children at an earlier age period.

Biv.

The extent to which disturbance of the School arrangements was involved by the Inspection.

The Medical Inspection has in all cases been held on the School premises. When possible, the Teacher's room has been utilised, but in other cases a classroom has been cleared out and used for the purpose ; this of course interferes with the School arrangements. The School Teachers assisted by dressing and undressing, weighing and measuring the children as the School Nurse was not at available until November of this year.

C.

General Statement of the extent and scope of the Medical Inspection carried out during the year including :

Ci.

The number of visits paid to Schools and Departments.

During 1913 the visits paid to the schools for the purpose of Medical Inspection numbered 52, and for the re-inspection of children found to be defective at the ordinary inspections 33.

Cii.

The principle upon which children have been selected for inspection.

Four classes of children have been selected for Medical Examination.

- (1) Those newly admitted to school from the 1st August, and in addition all infants who had escaped examination at the previous visits including those under 5 years of age.
- (2) Children who were 8 years of age and not over 9 years.
- (3) Children who were 13 years of age during the present year, and those who were 14 years of age and had not previously been inspected.
- (4) "Special Cases" ie children examined at the request of Parents, Teachers or School Wardens.

Ciii.

The number of Children inspected (classified for age at date of inspection and for sex).

Age in years	INFANTS					8 to 9	LEAVERS					Total
	3	4	5	6	7	8 to 9	10	11	12	13	14	
Boys ...	21	113	202	46	11	195	12	10	10	314	26	960
Girls ...	40	106	242	47	19	177	10	16	8	277	8	950
Total ...	61	219	444	93	30	372	22	26	18	591	34	1910

Civ.

The number of children referred for subsequent or further examination.

The children with Physical Defects are subsequently re-examined to ascertain what steps if any have been taken to remedy the condition. In addition, since 1st November, 1913, a room at Baltic Street School has been set aside for the re-examination of all children who have been excluded, before their re-admission to School. The School Medical Officer and Nurse attend on Tuesday and Friday, at 9.30 a.m., and an opportunity is then afforded to Parents, Wardens and Teachers, to send any children who require examination. Altogether some 89 children have been re-examined here, and the conclusion is forced on me, that a School Treatment Clinic is imperative if tangible results are to accrue from School Medical Inspection. There are so many little ones who stand in need of constant and regular medical treatment of ailments, almost too trivial for the constant care of the family doctor, but just those ailments which make all the difference to the child between comfort at School and intelligent interest in the work, or the feeling of lassitude and loss of interest in the work. The trifling cost, and remember one-half of this would be refunded by the Board of Education, would be well spent. Now that we have succeeded in getting our School Nurse, this small extra expenditure would put us in the way of reaping a rich harvest. I do hope that during the present year, the committee will agree to this much needed innovation. Further details of re-examinations will be found under the heading "Following up."

Table showing cases re-examined at Inspection Clinic.

	Vermin & Dirt	Itch	Eyes	Ears	Inpetigo	Others
Number of children examined—89 ...	50	2	17	4	10	6
Number of Examinations, 151	77	3	40	5	14	12

Cv.

The number of Children in respect of whom directions were given for treatment of defects ; including a classified statement of such defect.

In every case in which the medical examiner detected any condition requiring treatment, or further investigation, a notice suitable to the condition found was sent to the home, or if the parent was present at the examination, the condition was explained, and the necessity of procuring medical attention was impressed on the parent.

The total number of cases in respect of which such notices were given, are shown in the Table A. in the Appendix.

Cvi.

The average time per head occupied by inspection.

This was found to be about five minutes each for children under eight years, and eight minutes for the older children, (apart from weighing and measuring, dressing and undressing, etc.)

D.

General review of the facts disclosed by Medical Inspection under the heading contained in the Schedule to Circular 582, including tables showing the height and weight of children inspected (according to age at date of inspection and sex.)

TABLE B.

The total number of children inspected including 66 specials, was 960 Boys and 950 Girls.

	Leavers.	8 to 9 years.	Infants	Specials.
Boys	340	195	393	32 .
Girls	285	177	454	34

The subjoined Table gives the height and weight for age periods and contrasts the results for Hartlepool with the average for the County of Durham, and with Greenwood's Tables, based on the examination of 800,000 School Children in England and Wales.

BOYS.

Age	Number Examined	HEIGHT IN INCHES.			WEIGHT IN POUNDS.		
		Hart-lepool	Durham County	England	Hart-lepool	Durham County	England
3	21	37·1	36·9	36·4	33·4	34·3	32·9
4	113	38·7	38·4	38·6	36·6	35·8	35·7
5	202	40·8	40·2	40·7	38·7	38·3	38·6
6	46	43·2	41·8	43·0	43·0	41·6	42·2
8	105	46·3	46·0	47·4	50·3	49·5	52·0
13	314	56·8	55·7	56·0	77·8	77·1	77·4

GIRLS.

3	40	36·0	35·4	35·9	31·4	31·1	31·6
4	106	39·0	38·0	38·3	36·5	34·4	34·9
5	242	41·0	40·3	40·4	38·1	37·5	37·7
6	47	43·0	41·7	42·5	42·3	39·8	41·2
8	177	45·5	46·2	46·9	50·2	49·0	49·5
13	277	58·6	57·0	56·8	81·3	79·0	80·3

No fewer than 280 of the children were under the age of five years. I think that it is unwise to send children to School before this age ; it is true that the " Baby Class " is really more a prolonged play and preparation for learning than actual School work. Still the fact remains that infants require rest, especially rest, lying down, and it is impossible to provide this in School. Many parents welcome the opportunity of transferring the duty and responsibility of looking after the children to the teachers. On medical grounds I advise the Committee to discontinue the present arrangement.

CLOTHING AND BOOTS

CLOTHES.

960 Boys examined.	Good	594	...	61·8%
	Fair	269	...	28·0%
	Poor	81	...	8·3%
	Bad	16	...	1·6%
950 Girls examined	Good	642	...	67·5%
	Fair	252	...	25·4%
	Poor	49	...	5·3%
	Bad	7	...	0·7%

Notices were sent to parents where the clothing was very dirty or markedly defective, but in most cases poverty was the cause and further action was impossible.

A Cleansing Station or Steam Disinfector is needed to deal with some of the cases especially those with Verminous Clothing.

BOOTS.

960 Boys examined.	Good	689	...	71·7%	
	Fair	159	...	16·5%	
	Poor	40	...	4·1%	
	Bad	72	...	7·5%	26 none.
950 Girls examined	Good	674	...	70·9%	
	Fair	185	...	19·3%	
	Poor	63	...	6·6%	
	Bad	28	...	2·9%	10 none.

26 Boys and 10 Girls were marked as being without Boots. It is the custom here in Hartlepool for many of the children to dispense with shoes and stockings in the summer months, several schools were examined during the warm weather and this may account for some members of the shoeless brigade, in other cases poverty was the cause, but I am glad to say this is unusual.

CLEANLINESS.

960 Boys examined—	Good	656	...	68·3	per cent.
	Fair	217	...	22·6	„
	Poor	63	...	6·0	„
	Bad	18	...	1·8	„
950 Girls examined—	Good	679	...	71·0	„
	Fair	195	...	20·0	„
	Poor	69	...	6·5	„
	Bad	14	...	1·3	„

	Boys	Per cent.	Girls	Per cent.
Number with Nits requiring notice	2	...	173	...
„ „ Head Vermin	2	...	5	...
„ „ Body Vermin	8	...	1	...

It will be seen from the above table that as regards personal cleanliness there is considerable room for improvement. Speaking generally the Infants are clean and well cared for, it is especially in the case of the older children that the verminous conditions are prevalent.

One of the first duties of the recently appointed School Nurse was to make a head to head inspection of all the girls and infants attending the Elementary Schools. The condition of affairs discovered was deplorable. All verminous children were at once excluded and those with Nits received a card explaining how to treat the trouble. Many parents are careful to wash and comb their children's heads, but fail to dislodge the eggs or nits, which are fastened by the female insect on to the hair, with a cement like substance, unless removed in time these hatch out into fresh insects. Some solution containing acid is needed, and ordinary household vinegar answers all requirements.

The good results produced by examination and re-examination of verminous children is well shown by the sub-joined Table.

Table showing results of examination of children for Verminous conditions.

FIRST EXAMINATION.				SECOND EXAMINATION.		
SCHOOL.	No. Examined	No. with Nits	Ex-cluded	No. Examined	No. with Nits	Ex-cluded
GALLEY FIELD. Girls	254	146	4	238	7	1
HART ROAD. Girls Infants	204 77	143 10	8 —	228 72	10 —	— —
BALTIC STREET. Girls Infants	224 114	74 44	2 —	221 115	5 14	— 3
CHURCH CLOSE. Girls Infants	236 123	112 75	— 8	223 127	12 11	— 2
St. BEGAS. Girls Infants	125 67	75 27	7 3	130 91	15 13	2 11
THROSTON. Girls Infants	243 80	84 30	4 1	241 70	16 7	1 3
St. MARY'S R.C.	68	44	3	74	6	—
MIDDLETON.	124	49	2	65	10	—
PRISSICK Infants	92	25	—	88	10	1

N.B.—Most of the Verminous Cases in the second examination occurred in children recently admitted.

I have arranged for the Nurse to make a quarterly visit to each School, and I hope soon to stamp out these filthy and discreditable conditions. In the case of those parents who persist in sending their children to School in a dirty or verminous condition, more stringent measures will be taken, and if necessary the Committee will be asked to sanction Police Court proceedings.

NUTRITION.

960 Boys examined—Good	771	...	80·3%
Fair	150	...	15·6%
Poor	34	...	3·5%
Bad	5		
950 Girls examined—Good	836	...	88·0%
Fair	91	...	9·5%
Poor	20	...	2·1%
Bad	3		

The results are satisfactory, and confirm the opinion formed last year that the great majority of the Hartlepool children, are comfortably clothed and shod, and well fed.

TEETH.

960 Boys examined—Good	733	...	76·3%
Fair	159	...	15·5%
Poor	56	...	5·8%
Bad	12	...	1·2%
950 Girls examined—Good	744	...	78·3%
Fair	173	...	18·2%
Poor	21	...	2·2%
Bad	12	...	1·2%

The standard adopted varied with the age of the child. Thus for leavers one or fewer carious teeth were marked good, 2 to 4 fair, 4 to 6 poor, whilst 6 or more were marked bad. In the case of younger children, decay of temporary or milk teeth is a natural process, and a less stringent basis was adopted.

VISION.

Except in cases of squint or eye strain, the acuity of vision is not estimated for children below the age of eight years. Special cases are of course excepted. It is important to supply spectacles to squinting cases as early as possible, as a squinting eye soon loses its sight. Generally after five or six years a squinting eye becomes functionless. Arrangements have been

made whereby Dr. Foster (who is an eye specialist), undertakes to examine cases sent by the committee for the reduced fee of 5/-, and the local opticians have agreed to fill the prescription and provide the necessary glasses for 3/6. Thus for an outlay of 8/6, the child not only secures glasses, but has also the benefit of an examination by a skilled Ophthalmic Surgeon. Further, the Committee allow the parent when necessary, to refund this small sum by instalments, and the School Wardens undertake the duty of collecting these weekly payments. Uncorrected defects of vision cause wastage of nerve force, and result in headache, watery eyes, etc., and the constitutional symptoms of Malnutrition and Dyspepsia.

A word of warning may here be given to parents, not to purchase glasses from itinerent vendors of spectacles or other unqualified persons, the money so spent is simply wasted. In order to estimate the latent defect, as well as the obvious defect, in the case of children and young persons, it is necessary to paralyse temporarily the muscle of accommodation. For this purpose powerful drugs such as Atropine are dropped into the eye. It is obvious that this procedure should be confined to medical men alone.

All that is attempted at the School Inspection, is to select those children whose acuity of vision does not come up to the standard. I use Pflugers E type; a card with the letter E printed on it, in various positions and sizes, is hung on the wall at a distance of 20 feet or six metres measured off. The child is given a letter E made of copper, and told to hold it in the position of the E pointed to on the card, and the line of smallest type which the child can see distinctly, is recorded as a fraction, the numerator being the distance in metres at which the card is placed, six metres; and the denominator the distance at which the letter should be read by the normal eye. A person who sees the six metre line at six metres has vision of $\frac{6}{6}$ or 1, which is normal. If however at six metres he only sees the large E which he ought to see at a distance of 15 metres, his vision would be recorded as $\frac{6}{15}$. In future when a defect is detected the child will be re-examined with Snellans Types, so that our figures may approximate with those of the Board of Education.

Each eye is tested separately, and this work I undertake personally. Vision which is less than $\frac{6}{10}$ demands attention, especially if accompanied by signs of eye strain. In all cases of vision worse than $\frac{6}{15}$, glasses are required. Where the defect is limited to one eye, is slight and not accompanied by evidence of eye strain, glasses were not recommended. There is no doubt but that the wearing of spectacles does militate against boys' chance of obtaining employment in Engineering and other works, hence the disinclination of many parents to provide glasses for their children.

RESULTS OF VISION TESTING.

Boys.		Girls.	
Number examined—567.		Number examined—496.	
One eye less than	...6/10=54	One eye less than	...6/10=28.
Both eyes	„ ...6/10=57	Both eyes	„ ...6/10=68.
Total	... <u>111</u>	Total	... <u>96</u>

Notices are sent to the parents, and a list of the defective children is also sent to the Head Teacher, with a request that these children may be given a seat in the front rows of desks until suitable glasses are provided.

Many parents have a marked objection to providing glasses, especially in the case of the boys. There is a well founded impression that the wearing of glasses, militates against employment especially in the Engine Works and Shipyards.

The Wardens have visited over 120 cases, in many instances paying several visits in order to arrive at a definite arrangement with the parents. Spectacles have already been supplied on the instalment system to 33 children, and arrangements made for other 47 cases, including the grant of glasses free of cost, to 9 children whose parents cannot afford them. I consider the result i.e., 80 out of 207, is exceedingly satisfactory and encouraging.

Hearing is estimated at a distance of 20 feet. The children are turned with their backs to the examiner, and are required to repeat a sentence or answer an enquiry which is spoken in a “forced whisper.” It was found to be defective in the case of 18 boys and 22 girls. The most common cause was found to be plugs of wax. In these figures, I have not included those numerous cases which were due to enlarged Tonsils or Adenoids.

Running Ears or Otorrhœa was present in the case of 7 boys and 4 girls. The latent danger of this disease was fully dealt with in last year’s Report. These cases require constant attention. I am sure they don’t receive the necessary care they demand, and until we have our School Treatment Clinic, they will continue untreated, and on the border line of danger; in addition, they are offensive to those sitting near them, and really should be excluded from School.

TONSILS AND ADENOIDS.

In common with the rest of the County, the Hartlepool children suffer from enlarged Tonsils and Adenoids. The cold damp winds from the

sea, together with the use of stuffy unventilated bedrooms are probable causes. 69 boys and 94 girls were affected; this preponderance of girls is quite unusual.

HEART DISEASE.

Definite organic disease of the heart was only found in the case of 3 boys, all infants, and in each there was a history of Scarlet Fever. Functional disturbance of the heart apart from Anæmia, was present 2 in boys and 5 girls.

Bronchial Affections were detected in 21 boys and 13 girls, ordinary colds were not included. The recent severe outbreak of Measles which necessitated the closing of several Schools last year, was responsible for most of these cases.

Rickets are uncommon in our School children; of the 6 cases noted, only 1 was severe. Possibly the large amount of lime in the local water supply may have something to do with our freedom from this complaint, unquestionably the bracing sea air is also a factor.

TUBERCULOSIS.

Six boys and four girls were affected with Tuberculosis of the Lungs, (Phthisis). Special attention is directed to the detection of this disease, especially where children come from an infected house. Of these 10 cases, it was necessary to exclude from School life for varying periods 8 children, either for their own sake, or to safeguard the other scholars.

SKIN DISEASES.

Impetigo which is contagious, was present in 14 boys and 6 girls, and 18 children were excluded.

Itch which is due to an animal parasite, was present in 9 children, all of whom were excluded. To stamp out this loathsome complaint it is necessary to disinfect the clothing and bedding. Unfortunately the town does not possess a suitable disinfecting chamber, and in one family, three children in spite of careful medical treatment, have been absent from School since August. This means a distinct loss in grant to the Committee.

Ringworm affecting the scalp was present in 6 boys and 2 girls, and in 4 boys and 1 girl their body was affected. These latter cases are easily treated, and do not entail a long exclusion from School. But it is very different when the scalp is affected. Head cases unless treated with X Rays, are very intractable, and are cases eminently suited for regular treatment at

a School Clinic, they are troublesome, and frequently, in spite of careful treatment, run a course of 8 to 10 months.

The promiscuous wearing of each others caps is a frequent cause of infection. The lining of the cap should be removable, and either well boiled before being used a second time, or replaced with a fresh lining. Children attending School with Ringworm of the scalp, should have the hair well rubbed with suitable ointment, to prevent the scales being dispersed, and should also constantly wear their caps. The rational plan would be to have all these cases treated with the X Rays, and excluded from School until the hair has grown. This could be done at an inclusive charge of a guinea a case.

The Proceeding known as "following up."

The following quotation from the Annual Report for 1910, of the Chief Medical Officer of the Board of Education so clearly explains what is meant by "following up" that I make no apology for reproducing it.

"A system of medical inspection, however complete in itself, will fall short of its practical value unless there is coupled with it an effective system of "following up." This is not only necessary in order to secure the treatment of individual children found to be defective, but it is necessary in order to obtain a wise and economic administration. Only by "following up" can a Local Education Authority control its medical inspection and make it complete and valuable, and only thus can it determine its measure of responsibility in securing from the parent of the child the treatment which it needs, and ensuring that the facilities for prevention and treatment existing in the area are sufficient, available, and actually used.

The steps necessary to ensure the adequate following up of medical inspection are—

- (1) to inform the parent or guardian, by word of mouth or written intimation, of any defect or disease found in the child ;
- (2) to make appropriate inquiries, after a reasonable interval, as to whether a remedy has been obtained ;
- (3) to ascertain in cases where action has not been taken, what is the reason for failure to obtain treatment ;
- (4) to take steps to remove obstacles in the way of the children receiving treatment, *e.g.*, to consider how best to obtain or render assistance in the case of poverty ; to bring pressure to bear,

if necessary to prosecute, in the case of carelessness, ill-treatment, or neglect; to afford further facilities, or encourage or assist agencies for treatment should such prove to be inadequate in any area,

- (5) to *re-examine all defective children* at a reasonable interval after the primary examination, in order to ascertain any change there may be in the condition originally noted, or in the effect of any treatment received."

As stated previously, a record is kept of all children who are found at the routine examination to have physical or mental defects, and a notice is sent to the parents, calling attention to the defect, and advising the calling in of the family doctor.

After an interval of generally eight weeks, the child is further examined, and if no steps have been taken either to seek medical advice or to have the defect remedied, the School Nurse calls at the home and interviews the parent, to ascertain the reason for failure to obtain treatment. In the case of defective vision, the School Wardens make the call and ascertain the financial position and how much the parent can afford to pay, in small instalments towards the cost of the glasses. Where the poverty is an insuperable bar, the Committee are recommended to give the glasses. A list of children desiring to obtain the spectacles and the amount to be repaid, is then laid before the Committee, and on receipt of their sanction, the children are sent to consult Dr. Foster, (Eye Specialist), who provides the necessary prescription which is filled by a local Oculist.

Table showing Number of Children with Defects, and Number of times re-examined.

	Vision	Tonsils	Ringworm	Ear	Anæmia	Others
No. of Children ...	108	99	3	11	11	52
No. of Re-inspections	137	134	7	15	12	62

TABLE SHOWING RESULTS FOUND ON RE-INSPECTION.

NAME OF SCHOOL.											
	Throston	Prissick	St. Bega	Hart Road	Middle- ton	St. Mary R.C.	Galley Field	Ann Crookes	Baltic Street	Church Close	TOTAL
Number Cases re-inspected	58	23	35	41	4	8	57	3	63	32	324
“ where Medical Advice obtained	14	14	6	17	1	1	8	3	18	16	98
“ “ Defects remedied	11	6	3	5	...	...	7	3	12	11	58
“ “ Satisfactory results	21	15	10	15	..	1	15	...	29	16	122
“ No Improvement	29	9	25	24	3	7	32	...	31	13	173
“ Parents Present	...	1	...	5	...	...	...	...	...	...	6

N. B.—The same children were in some cases re-examined more than once.

Tables showing Cases excluded—Routine Examination.

SCHOOL	Phthisis	Eyes	Vermin *	Itch	Impetygo	Ringworm	Fevers	Contents	Others
Galley Field	3	...	6	...	...	1	...	...	...
Throston	1	6	2	4	3	...	...	...	...
Hart Road	1	2	10	...	1	...	2	3	...
Prissick	1	...	...	...	1	...	...	...	...
Church Close	...	5	5	...	8	...	...	...	...
Baltic Street	2	10	7	2	1	1	1	...	...
S. Bega's R.C	...	1	2	...	4	...	1	2	1 each
Ann Crookes	..	...	3	3	...	...	1	5	1 each
Middleton	...	...	2	...	...	...	1	4	...
S. Mary's R.C	...	...	4	...	...	...	...	...	...

* Exclusive of those excluded by Nurse at Head Inspection.

Absentees from School for Illness.

There have been an unusual number of children absent from School with sore eyes. The infection was mild, and in more genial weather the outbreak would soon have subsided, but happening as it did in November and December, the cold winds prolonged the epidemic.

The School Nurse's visits to absentees from School for various causes, was in November, 40 visits, and in December, 27.

During the year there were **18 Deaths** of Children of the School Age, i.e., 5 and under 15 years, the causes being :—

Measles	...	2
Diphtheria	...	1
Phthisis	...	4
Tubercular Meningitis	...	2
Meningitis	...	2
Pneumonia	...	2
Appendicitis	...	2
Cardiac Failure	...	1
Acute Rheumatism	...	1
Acute Inflammation of Liver	...	1

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